

SPS Activity and Product Status Report

A report on quarterly progress achieved towards activities, products, and results

Project Year 5 Quarter 4

July - September 2012



Strengthening Pharmaceutical Systems Program
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This report was made possible through support provided by the U.S. Agency for International Development, under the terms of cooperative agreement number GHN-A-00-07-00002-00. The opinions expressed herein are those of the author(s) and do not necessarily reflect the views of the U.S. Agency for International Development.

About SPS

SPS works in more than 20 developing and transitional countries to provide technical assistance to strengthen pharmaceutical and health commodity management systems. The program offers technical guidance and assists in strategy development and program implementation both in improving the availability of health commodities—pharmaceuticals, vaccines, supplies, and basic medical equipment—of assured quality for maternal and child health, HIV/AIDS, infectious diseases, and family planning and in promoting the appropriate use of health commodities in the public and private sectors.

Recommended Citation

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Strengthening Pharmaceutical Systems Program. 2012. *Strengthening Pharmaceutical Systems Program: Activity and Product Status Report, July-September 2012*. Published for the U.S. Agency for International Development by the Strengthening Pharmaceutical Systems Program. Arlington, VA: Management Sciences for Health.

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ACRONYMS AND ABBREVIATIONS

ACT	artemisinin-based combination therapy
ADDO	accredited drug dispensing outlet
ADR	adverse drug reaction
ADT	ARV Dispensing Tool [MSH]
AHSEP	Afghanistan Health Services Enhancement Project
AIDS	acquired immunodeficiency syndrome
ALCO	Abidjan to Lagos Corridor Organizations
APR	annual progress report
AQ	amodiaquine
APR	annual progress report
ART	antiretroviral therapy
AS	artesunate
CAMERWA	Centrale d'Achat des Médicaments Essentiels du Rwanda (CMS of Rwanda)
CBO	community-based organization
CMS	Central Medical Store
COP	chief of party
CPDS	Coordinated Procurement and Distribution System
DTC	Drug and Therapeutics Committee
EML	essential medicines list
EU	European Union
FDC	fixed-dose combination
FEFO	first expiry, first out
FHI	Family Health International
FY	fiscal year
GDF	Global Drug Facility
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GoB	Government of Bangladesh
GoK	Government of Kenya
HBC	home-based care
HIV	human immunodeficiency virus
HMM	home management of malaria
HSSP	Health Systems and Services Strengthening system
IC	infection control
ICAT	Infection Control Assessment Tool
IEC	information, education, and communication
INRUD	International Network for Rational Use of Drugs
IPT	intermittent prevention treatment
IRS	indoor residual spraying
JSI	John Snow, Inc.
M&E	monitoring and evaluation
MDR	multidrug resistant
MIS	management information system
MoH	Ministry of Health
MoHSW	Ministry of Health and Social Welfare (Swaziland)

MoPH	Ministry of Public Health
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
MTP	Monitoring, training, planning (methodology)
NASCOP	National AIDS and STD Control Program
NDTC	National Drug and Therapeutics Committee
NGO	nongovernmental organization
NMCP	National Malaria Control Program (Senegal)
NSP	National Strategic Plan (South Africa)
PCI	Pharmaceutical Control and Inspection [Namibia]
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLWHA	People Living With HIV/AIDS
PM	pharmaceutical management
PMI	President's Malaria Initiative
PMIS	pharmaceutical management information system
PMTCT	prevention of mother-to-child transmission
PSI	Population Services, International
PV	pharmacovigilance
QA	quality assurance
RBM	Roll Back Malaria
RDT	rapid diagnostic test
REACH	Rural Expansion of Afghanistan's Community-based Healthcare
RH	reproductive health
RMU	rational medicine use
RPM Plus	Rational Pharmaceutical Management Plus
SCMS	Supply Chain Management System
SOW	statement of work
SPS	Strengthening Pharmaceutical Systems (Program)
STG	standard treatment guideline
STI	sexually transmitted infections
TA	technical assistance
TB	tuberculosis
TBCAP	TB Control Assistance Program
TOR	terms of reference
TOT	training of trainers
TWG	technical working group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNION	International Union Against Tuberculosis and Lung Disease
URC	University Research Co.
USAID	U.S. Agency for International Development
USG	United States Government
WHO	World Health Organization
XDR-TB	extensively drug-resistant tuberculosis

FINANCIAL INFORMATION¹

Strengthening Pharmaceutical Systems Program

Fiscal Data: July 1- September 30, 2012

GHN-A-00-07-00002-00

On June 29, 2007, Management Sciences for Health was awarded the SPS leader with associate cooperative agreement. The cumulative obligation for SPS currently stands at US\$147,499,644.

MSH tracks and reports program expenditures by source of funding (Global or Core and Field Support, by Bureau, Region, and Country). MSH further subdivides Global or Core expenditures based on the various Program Elements designated by USAID when funding is received (e.g., Maternal Child Health (MCH) [and sub-elements Antimicrobial Resistance (AMR), Child Survival and Reproductive Health], HIV/AIDS, Tuberculosis (TB), Malaria and Other Public Health Threats (OPHT)).

The Fiscal Data chart shows the Year 1 through Year 4 obligations, cumulative funds obligated, quarter four (July to September 2012) expenditures, in addition to the cumulative to-date (June 29, 2007 to September 30, 2012) expenditures of US \$ 145,013,472 by funding source.

The SPS leader with associate cooperative agreement stipulates that MSH should cost-share an amount not less than US\$7,375,000 over the life of the program (5% of actual total activity costs). As of September 30, 2011, SPS had already exceeded this cost-share requirement, generating US \$7,412,197 in non-Federal funding, within the technical scope of work for SPS.

¹ Due to delays related to the end of the fiscal year, financial information in this report is provisional.

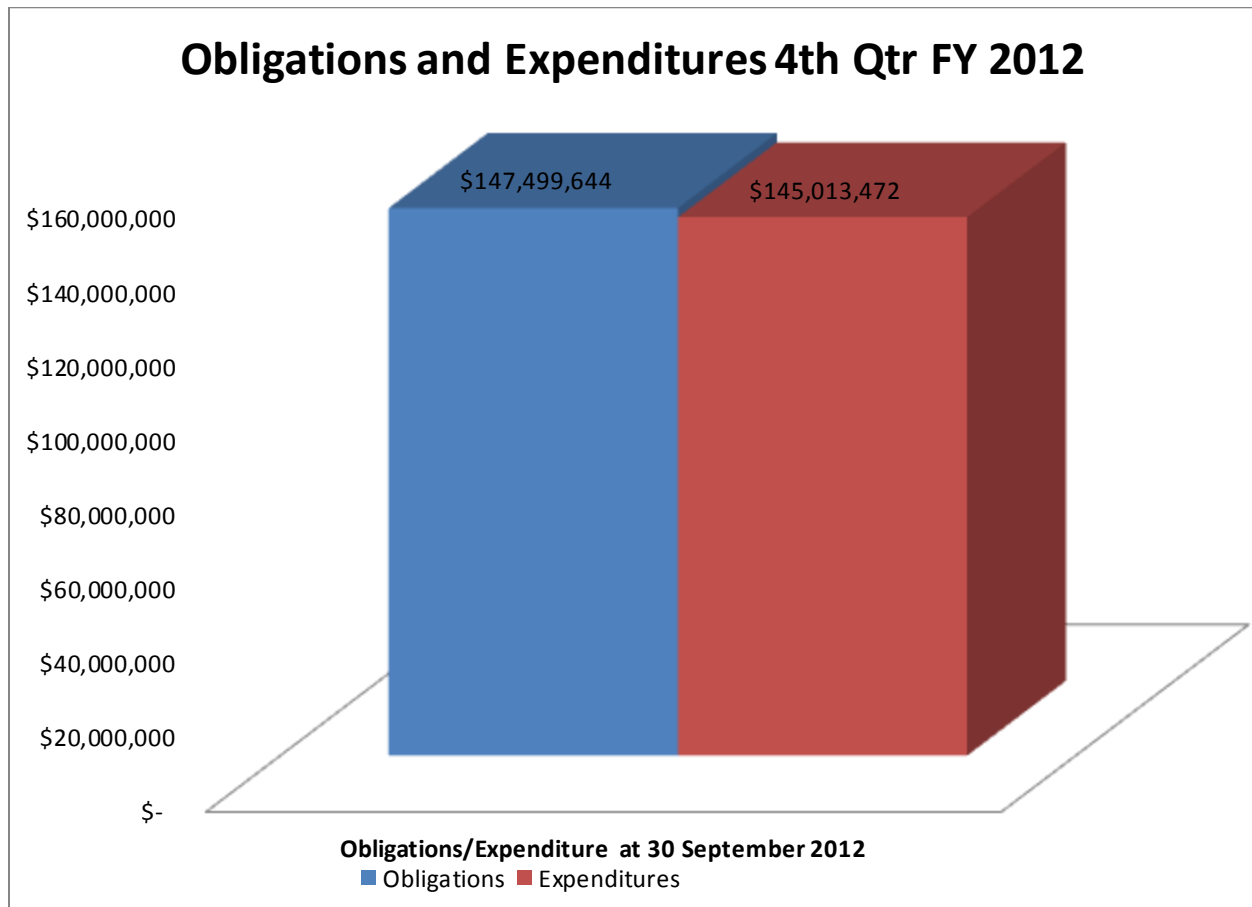
*SPS Activity and Product Status Report
Year 5 Quarter 4*

Strengthening Pharmaceutical Systems Program | GHN-A-00-07-00002-00
Fiscal Data: July-September, 2012

Funding Source	Funding Type	Total Obligated Year 1	Total Obligated Year 2	Total Obligated Year 3	Total Obligated Year 4	Grand Total Funded	Q3 Expenditures Jul-Sep 2012	Grand Total Spent	Grand Total Remaining
Worldwide/Core									
AMR Core		\$ 998,000	\$ 800,000	\$ 617,484		\$ 2,415,484	\$ 26,854	\$ 2,377,922	\$ 37,562
MCH (Child & Reproductive Health) Core		\$ 1,010,000	\$ 1,110,400	\$ 1,100,000	\$ 1,000,000	\$ 4,220,400	\$ (2,713)	\$ 4,205,515	\$ 13,885
Common Agenda Core		\$ 861,262	\$ 664,609	\$ 714,609	\$ 664,609	\$ 2,905,089	\$ (0)	\$ 2,905,089	\$ 0
Malaria Core		\$ 200,000	\$ 400,000	\$ 400,000	\$ 400,000	\$ 1,400,000	\$ 0	\$ 1,400,000	\$ 0
TB Core		\$ 1,217,000	\$ 1,300,000	\$ 1,500,000	\$ 1,800,000	\$ 5,817,000	\$ 0	\$ 5,817,000	\$ 0
POP Core				\$ 50,000	\$ 40,000	\$ 90,000	\$ (137)	\$ 85,721	\$ 4,279
NTD Core					\$ 500,000	\$ 500,000	\$ 26,775	\$ 387,399	\$ 112,601
Worldwide/Core Subtotal		\$ 4,286,262	\$ 4,275,000	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 50,779	\$ 17,179,545	\$ 168,328
Core		\$ 4,286,262	\$ 4,275,000	\$ 4,382,093	\$ 4,404,609	\$ 17,347,973	\$ 50,779	\$ 17,179,545	\$ 168,328
Afghanistan			\$ 2,500,000	\$ 2,000,000	\$ 776,000	\$ 5,276,000	\$ 0	\$ 5,276,000	\$ (0)
Angola-PMI		\$ 500,000	\$ 529,000	\$ 700,000	\$ 700,000	\$ 1,729,000	\$ 58,211	\$ 1,599,472	\$ 129,528
Angola - HIV/AIDS			\$ 200,000	\$ 280,000		\$ 480,000	\$ 98,017	\$ 455,730	\$ 24,270
Angola - POP				\$ 100,000	\$ 100,000	\$ 100,000	\$ 10,202	\$ 48,908	\$ 51,092
Angola Subtotal		\$ -	\$ 500,000	\$ 720,000	\$ 1,080,000	\$ 2,309,000	\$ 156,431	\$ 2,104,110	\$ 204,890
Bangladesh-POP				\$ 600,001		\$ 600,001	\$ (0)	\$ 698,961	\$ (98,961)
Bangladesh-MCH/CSMH				\$ 100,000		\$ 100,000	\$ -	\$ 1,039	\$ 98,961
Bangladesh Subtotal		\$ -	\$ -	\$ 700,001	\$ -	\$ 700,001	\$ (0)	\$ 700,001	\$ 0
Benin-PMI			\$ 700,000	\$ 675,000	\$ 440,000	\$ 1,815,000	\$ (302)	\$ 1,805,973	\$ 9,027
Brazil - TB		\$ 400,000	\$ 978,000	\$ 1,620,000	\$ 790,000	\$ 3,748,000	\$ 85,067	\$ 3,601,656	\$ 146,344
Burundi-PMI				\$ 900,000	\$ 775,500	\$ 1,675,500	\$ 0	\$ 1,675,500	\$ (0)
DCHA/OFDA (BHR/OFDA)		\$ 100,000				\$ 100,000	\$ 3,839	\$ 18,987	\$ 81,013
Democratic Rep. Of Congo		\$ 350,000	\$ 2,200,000	\$ 1,730,000	\$ 1,340,000	\$ 5,820,000	\$ (14,406)	\$ 5,805,594	\$ 14,406
Dominican Republic - TB		\$ 300,000	\$ 250,000	\$ 450,000		\$ 1,000,000	\$ (0)	\$ 1,110,072	\$ (110,072)
Dominican Republic - TB/HIV/AIDS				\$ 750,000		\$ 750,000	\$ (0)	\$ 639,928	\$ 110,072
Dominican Republic Subtotal		\$ 300,000	\$ 250,000	\$ 450,000	\$ 750,000	\$ 1,750,000	\$ (0)	\$ 1,750,000	\$ 0
East Africa Regional		\$ 75,000	\$ 50,000	\$ 56,000		\$ 181,000	\$ -	\$ 181,000	\$ (0)
Ethiopia - PEPFAR		\$ 2,950,000	\$ 4,130,000	\$ 2,303,120		\$ 9,583,120	\$ 3,493	\$ 9,583,120	\$ 0
Ethiopia - PMI			\$ 715,000	\$ 600,000		\$ 1,315,000	\$ (3,493)	\$ 1,315,000	\$ (0)
Ethiopia Subtotal		\$ 2,950,000	\$ 4,845,000	\$ 3,103,120	\$ -	\$ 10,898,120	\$ (0)	\$ 10,898,120	\$ 0
Europe and Eurasia-TB			\$ 616,600			\$ 616,600	\$ (0)	\$ 616,600	\$ (0)
Ghana - PMI			\$ 600,000	\$ 300,000		\$ 900,000	\$ 0	\$ 900,000	\$ 0
Guatemala MAARD			\$ 200,000	\$ 150,000	\$ 75,000	\$ 425,000	\$ (0)	\$ 425,000	\$ (0)
India-HIV/AIDS	\$ 150,000			\$ 250,000		\$ 400,000	\$ (2,292)	\$ 397,330	\$ 2,670
Jordan				\$ 500,000		\$ 500,000	\$ 5,261	\$ 488,744	\$ 11,256
LAC - AMR/SAIDI-TB			\$ 81,000	\$ 190,000	\$ 80,000	\$ 351,000	\$ (0)	\$ 351,000	\$ (0)
LAC - MAL/AMI-MAL	\$ 725,000		\$ 800,000	\$ 800,000	\$ 720,000	\$ 3,045,000	\$ (0)	\$ 3,045,000	\$ 0
Liberia - PMI	\$ 150,000		\$ 300,000	\$ 250,000	\$ 830,000	\$ 1,530,000	\$ 0	\$ 1,530,000	\$ 0
Madagascar - PMI			\$ 400,000			\$ 400,000	\$ 35,863	\$ 349,344	\$ 50,656
Malawi - PMI	\$ 400,000		\$ 550,000	\$ 820,000		\$ 1,770,000	\$ -	\$ 1,715,636	\$ 54,364
Malawi - PEPFAR	\$ 230,993		\$ 500,000		\$ 100,000	\$ 830,993	\$ (2,135)	\$ 863,902	\$ (32,909)
Malawi Subtotal		\$ 630,993	\$ 1,050,000	\$ 820,000	\$ 100,000	\$ 2,600,993	\$ (2,135)	\$ 2,579,538	\$ 21,455
Mali - HIV/AIDS			\$ 100,000	\$ 100,000	\$ 100,000	\$ 300,000	\$ 2,513	\$ 297,564	\$ 2,436
Mali - MAL/PMI MAARD	\$ 299,999		\$ 450,000	\$ 400,000	\$ 600,000	\$ 1,749,999	\$ 12,338	\$ 1,664,449	\$ 85,550
Mali - POP	\$ 516,734		\$ 233,386	\$ 145,000	\$ 45,000	\$ 940,180	\$ 16	\$ 959,377	\$ (19,537)
Mali Subtotal		\$ 816,733	\$ 783,386	\$ 645,000	\$ 745,000	\$ 2,990,179	\$ 14,897	\$ 2,921,750	\$ 68,429
Regional Development Mission/Asia		\$ 463,180	\$ 300,000	\$ 400,111	\$ 295,000	\$ 1,458,291	\$ 2,564	\$ 1,404,999	\$ 53,292
West Africa Regional (WARP)		\$ 500,000	\$ 100,000			\$ 600,000	\$ -	\$ 565,316	\$ 34,684
Kenya - PEPFAR		\$ 6,150,000	\$ 5,500,000	\$ 3,370,000		\$ 15,020,000	\$ 0	\$ 15,008,097	\$ 11,903
Kenya - POP			\$ 1,300,000	\$ 1,000,000		\$ 2,300,000	\$ 0	\$ 2,300,000	\$ 0
Kenya - KEMSA	\$ 1,950,000					\$ 1,950,000	\$ -	\$ 1,897,206	\$ 52,794
Kenya - Malaria	\$ 1,250,000		\$ 1,622,500	\$ 1,731,000		\$ 4,603,500	\$ -	\$ 4,711,608	\$ (108,108)
Kenya - MCA	\$ 2,000,000		\$ 2,275,000			\$ 4,275,000	\$ -	\$ 4,231,589	\$ 43,411
Kenya Subtotal		\$ 11,350,000	\$ 10,697,500	\$ 6,101,000	\$ -	\$ 28,148,500	\$ 0	\$ 28,148,500	\$ (0)
Mozambique - PEPFAR				\$ 500,000		\$ 500,000	\$ -	\$ -	\$ -
Mozambique - HIV/AIDS						\$ 500,000	\$ (3,030)	\$ 488,638	\$ 11,362
Mozambique Subtotal		\$ -	\$ -	\$ 500,000	\$ -	\$ 500,000	\$ (3,030)	\$ 488,638	\$ 11,362
Namibia - PEPFAR	\$ 3,497,446		\$ 3,924,426	\$ 3,713,775		\$ 11,135,647	\$ (276,445)	\$ 10,808,648	\$ 327,102
Philippines-TB				\$ 100,000		\$ 100,000	\$ 0	\$ 100,000	\$ 0
Rwanda - PEPFAR	\$ 2,300,000		\$ 760,000	\$ 760,000	\$ 686,000	\$ 4,506,000	\$ 0	\$ 4,506,000	\$ 0
Rwanda - PMI	\$ 957,000		\$ 100,000	\$ 150,000	\$ 775,000	\$ 2,012,000	\$ (0)	\$ 2,012,000	\$ 0
Rwanda Subtotal		\$ 3,257,000	\$ 860,000	\$ 910,000	\$ 1,461,000	\$ 6,518,000	\$ 0	\$ 6,518,000	\$ 0
Senegal - PMI	\$ 175,000		\$ 250,000	\$ 230,000	\$ 500,000	\$ 1,155,000	\$ (4,366)	\$ 1,107,344	\$ 47,656
Senegal - TB	\$ 50,000		\$ 50,000	\$ 50,000		\$ 150,000	\$ -	\$ 138,564	\$ 11,436
Senegal Subtotal		\$ 225,000	\$ 300,000	\$ 280,000	\$ 500,000	\$ 1,305,000	\$ (4,366)	\$ 1,245,908	\$ 59,092
South Africa, Republic Of - PEPFAR		\$ 3,600,000	\$ 5,412,600	\$ 5,503,922		\$ 14,516,522	\$ (12,378)	\$ 14,484,054	\$ 32,468
Lesotho-PEPFAR	\$ 300,000		\$ 538,378	\$ 461,575	\$ 1,000,000	\$ 2,299,953	\$ -	\$ 2,299,953	\$ (0)
Swaziland-PEPFAR	\$ 525,000		\$ 600,000	\$ 490,000	\$ 2,560,000	\$ 4,175,000	\$ 4,281	\$ 3,746,379	\$ 428,621
Southern Sudan-MAL	\$ 800,000		\$ 1,000,000	\$ 1,000,000	\$ 2,250,000	\$ 5,050,000	\$ (12,171)	\$ 5,185,076	\$ (135,076)
Southern Sudan-MCH				\$ 400,000	\$ 750,000	\$ 1,150,000	\$ (100,685)	\$ 867,065	\$ 282,935
Southern Sudan Subtotal		\$ 800,000	\$ 1,000,000	\$ 1,400,000	\$ 3,000,000	\$ 6,200,000	\$ (112,856)	\$ 6,082,141	\$ 147,859
Tanzania - PEPFAR	\$ 550,000		\$ 413,417	\$ 699,999	\$ 699,999	\$ 2,363,415	\$ (4,020)	\$ 2,102,429	\$ 260,986
Tanzania - PMTCT					\$ 200,000	\$ 200,000	\$ (27)	\$ 289,379	\$ (89,379)
Tanzania - PMI	\$ 100,000		\$ 200,000			\$ 300,000	\$ -	\$ 310,245	\$ (10,245)
Tanzania Subtotal		\$ 650,000	\$ 613,417	\$ 699,999	\$ 899,999	\$ 2,863,415	\$ (4,048)	\$ 2,702,053	\$ 161,362
Uganda - PMI	\$ 320,000		\$ 380,000			\$ 700,000	\$ -	\$ 687,792	\$ 12,208
Ukraine - TB				\$ 512,350		\$ 512,350	\$ (32)	\$ 512,074	\$ 276
Vietnam-PEPFAR				\$ 250,000	\$ 837,500	\$ 1,087,500	\$ 10,047	\$ 1,050,737	\$ 36,763
ACF Surplus/(Deficit)		\$ 32,165,512	\$ 41,580,307	\$ 35,940,853	\$ 20,464,999	\$ 130,151,671	\$ (104,074)	\$ 128,236,376	\$ 1,915,295
Grand Total		\$ 36,451,774	\$ 45,855,316	\$ 40,322,946	\$ 24,869,608	\$ 147,489,644	\$ (58,951)	\$ 145,013,472	\$ 2,486,172

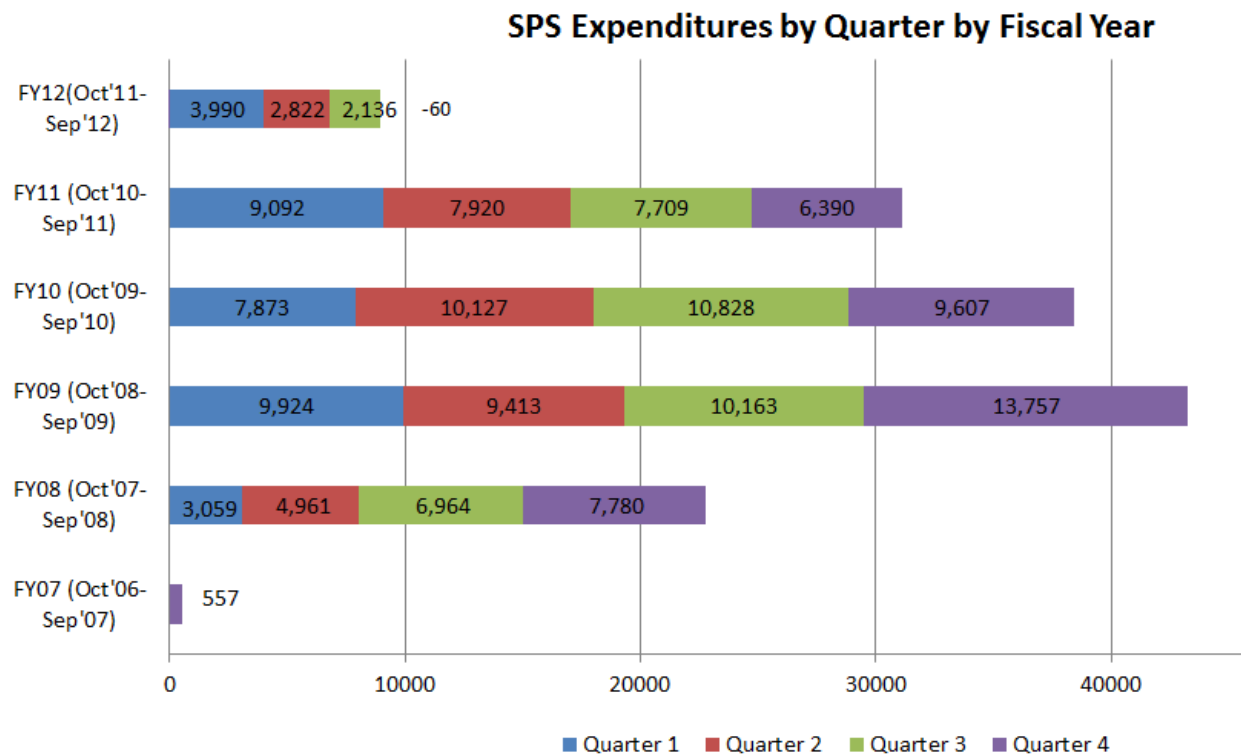
Strengthening Pharmaceutical Systems Financial Status Overview
Cumulative Expenditure activity through September 30, 2012

Total Funding Received to Date:	\$147,499,644
Total Amount Spent to Date:	\$145,013,472
Pipeline	\$2,486,172
Percent of Funds Spent	98.31%



Cost Share Earned to Date:	\$7,412,197
Target Cost Share Amount	\$7,375,000
Percent of Cost Share Realized	100.50%

SPS Program Expenditures by Quarter through September 30, 2012 (in 1,000s \$)



GLOBAL PROGRAMS

Antimicrobial Resistance

Work plan: AMR **Year** 2009

Funding Level: \$617,485.00

Work plan Background

During the period of October 2009 to September 2010, SPS will use the \$617,484 USD awarded to the AMR portfolio to address the components of IR3, including: (1) implementing proven institutional interventions to minimize the spread of AMR, (2) designing and implementing AMR interventions to improve medicines use behavior at the community level, and (3) implementing global- and country-level innovative approaches to mobilize resources and action to help contain the development of AMR. It will also derive guidance from the USAID AMR pathway to prioritize its actions.

SPS will use approaches and tools developed as well as experiences and lessons learned to date, including those from its predecessor RPM Plus, to strengthen country and regional stakeholders' capacity to combat AMR. The SPS AMR portfolio will pay special attention to help implement cross-cutting and system-wide interventions that are often not adequately covered by vertical disease programs.

Activity Title:	Support local coalition building for AMR advocacy and containment at country and regional levels
Activity Lead:	Joshi, Mohan Activity #: 2 Task: LF WW09AMR Subtask: 60AXP2
Activity Description:	SPS will continue collaboration with EPN and RPF to further consolidate the regional coalition-building process. Based on EPN's request, SPS will work together to co-organize a regional AMR and infection control workshop in Rwanda in November 2009 for Francophone EPN member organizations. The two organizations will also collaborate to bring together last year's Tanzania AMR workshop participants for a follow-up workshop to review accomplishments, share experiences, and plan next steps, including those aimed at sustaining, intensifying, and expanding the current coalition. With regard to RPF, SPS will support its Promoting Rational Drug Use Technical Working Group to build capacity to address AMR. The USAID/EA-supported Kenya portfolio and SPS's AMR portfolio will jointly render technical assistance to the working group to enable them to identify local supporters and action groups that can advance AMR-related activities at country and regional levels. At the country-level, SPS will work with the Pharmacy Task Force and other counterparts in Rwanda, to form an AMR working group and develop an AMR call-to-action document. Both the AMR portfolio and SPS/Rwanda will leverage support for these activities. Similarly, the SPS AMR portfolio will provide technical support to SPS/Namibia to develop a framework that describes and integrates MSH/SPS Namibia's interventions related to addressing AMR. The AMR portfolio will also continue to provide technical inputs to the Ethiopia and Zambia groups, when necessary. Technical assistance will be provided to the SPS TB portfolio in development and field testing of a framework for building local coalitions of key stakeholders- including civil society groups- to advocate for the prevention of MDR/XDR TB. At the international level, SPS will participate in advancing global

advocacy and coordination by exploring and using opportunities to collaborate with other partners and organizations currently working to address AMR, such as the WHO Patient Safety Initiative, CGD, FIP, and organizers of the AMR Track for ICIUM 3 planned for 2011. SPS will explore opportunities to initiate collaboration with other partners, countries, or regions to jumpstart AMR advocacy.

Budget: \$184,253.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Trip report. Training report. Workshop report. Poster for FIP World Congress, Lisbon, 2010. PowerPoint presentation for FIP World Congress, Lisbon, 2010. Concept Paper and Framework of Action Framework. Poster.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The draft pre-service guidance document was further revised. It will be published in the next quarter through leveraging of support from the SIAPS Common Agenda Portfolio. SPS leveraged SIAPS funding to do a literature search and work towards development of a flyer on public/patient education on rational medicine use and AMR awareness.

Barriers to Progress: None.

Next Steps: Continue support for the flyer on public/patient education on rational medicine use and AMR awareness.

Activity Title: Support Drug and Therapeutic Committees and other rational medicines use activities in institutional settings

Activity Lead: Green, Terry **Activity #:** 3 **Task:** LF WW09AMR **Subtask:** 60B4H3

Activity Description: In FY09, SPS will continue to support implementation of DTCs as an important institution-based intervention to improve medicine use and contain AMR. Opportunities will also be explored to provide technical assistance to in-country partners for implementation of other WHO-recommended core interventions to improve the use of medicines. In collaboration with specific SPS country programs, the AMR portfolio will also provide follow-up TA to DTC alumni from Afghanistan, Ethiopia, Namibia, Rwanda and other countries.

Budget: \$100,006.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Training Report Flyer on the SPS website.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The article on DTC was further revised. Additionally, SPS leveraged SIAPS Common Portfolio resources work on revision of two existing documents: one on formulary management, and the other on drug use evaluations.

Barriers to Progress: None.

Next Steps: Continue leveraging SIAPS Common Agenda resources on continuing to update the formulary and DUE documents.

Activity Title: Improve Community Use of Antimicrobials through the Private Accredited Drug Dispensing Outlets in Tanzania

Activity Lead: Liana, Jafary **Activity #:** 5 **Task:** LF WW09AMR **Subtask:** 60C5H5

Activity Description: FY09 funds will be used to continue and to complete the on-going implementation of IEC materials and job aids through ADDOs. Monitoring and evaluation of the antimicrobial use and AMR-related Kilosa pilot will also be completed. Toward the end of the work plan year, SPS will develop, pretest, and broadcast radio spots to increase community awareness on AMR in Kilosa and the community at large. Finally, SPS will utilize experience in monitoring and evaluation to refine its approach, combining it with tested IEC materials and job aids, thereby enabling its expanded use.

Budget: \$51,920.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Finalized Baseline Assessment Report. AMR Supervision Checklist. ADDO AMR Materials Pretest Report. ADDO AMR Sensitization Report. 1st Supervision & Follow up Report. 2nd Supervision & Follow up Report. ADDO AMR Activity Progress Presentation Promoting Community Awareness of Antimicrobial Resistance Using the ADDO Network in Kilosa District.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The ADDO AMR draft article was further revised.

Barriers to Progress: None.

Next Steps: The article will be finalized in the next quarter for submission to a peer-reviewed journal.

Activity Title: Provide technical assistance to improve infection control practices in resource-constrained countries

Activity Lead: Green, Terry **Activity #:** 6 **Task:** LF WW09AMR **Subtask:** 60E3H6

Activity Description: SPS will continue to utilize the ICAT and CQI approaches to help build and/or strengthen in-country capacity to prevent and control nosocomial infections. In doing so, the core-supported AMR portfolio will closely collaborate with PEPFAR-supported SPS country programs on activities in South Africa, Swaziland, and Namibia (as it has done in the past). In South Africa, SPS will continue support to the national and provincial DoHs for a nation-wide escalation of infection control activities. In Namibia, the SPS Country Program and the AMR portfolio will jointly strive to collaborate with the MoHSS and URC to implement infection control programs. In FY09, SPS will begin activities in the Ukraine, targeting the country for introduction of the ICAT and CQI approaches. Similar to the approach taken for other countries, the SPS/Ukraine and AMR portfolios will jointly work to jump-start activities with an initial training to in-country counterparts. Also planned is an EPN-SPS Regional AMR/Infection Control Workshop in Rwanda, designed to expand AMR containment and infection control activities, specifically to French-speaking countries in Africa.

Budget: \$77,165.00 **Start Date:** Oct 2009 **End Date:** Sep 2010

Products Planned: Workshop report. Infection Control Advocacy Document (English). Infection Control Advocacy Document (French). Trip report. Training report.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The draft adaption of ICAT for PHC was further revised with leveraging from the

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SIAPS Common Agenda Portfolio.

Barriers to Progress: None.

Next Steps: This activity is closed.

Maternal and Child Health

Work plan: MCH (RH + CHS) Core **Year** 2010

Funding Level: \$1,000,000.00

Work plan Background

Through the Global Health Initiative (GHI), the United States is investing \$63 billion over six years to help partner countries improve health outcomes through strengthened health systems with a particular focus on bolstering the health of women, newborns and children by combating infectious diseases and providing quality health services. The goals and targets of this initiative in the countries receiving USAID assistance include: Reducing maternal mortality by 30 percent, reducing under-five child mortality by 35 percent, and decreasing child under-nutrition by 30 percent. The GHI approach emphasizes the importance of collaboration with country governments and other partners, scaling-up of proven interventions, building on existing platforms to strengthen systems and sustainability of the interventions, and introducing and evaluating new interventions and approaches. Pharmaceuticals and related health supplies are essential components of any successful maternal and child health program. The RPM Plus Program and the follow-on SPS Program developed a variety of technical approaches, materials, tools and guidelines to assess the strengths and weaknesses of pharmaceutical management systems for maternal health programs and to guide the development of interventions to address the gaps identified in the access to key maternal, newborn and child health (MNCH) pharmaceutical products. Beginning in FY07, SPS used these technical approaches and tools to support the introduction and implementation of programs to scale-up the community case management of childhood illnesses (CCM) with a focus on developing strategies to incorporate private sector pharmacies and drug retail outlets into the national CCM programs; programs to scale-up the use of zinc salts and low-osmolarity ORS for the case management of diarrhea in children; and programs to scale-up the prevention and management of obstetric emergencies with a focus on the prevention of post-partum hemorrhage and the prevention and management of pre-eclampsia/eclampsia. Achievements from these interventions have included: (1) the introduction of CCM and Zinc treatment programs into the Accredited Drug Dispensing Outlet (ADDO) program in Tanzania. (2) The identification of bottlenecks in the procurement of Zinc by the central medical stores in Senegal and the acquisition and distribution of an emergency supply of Zinc salts through UNICEF pending the resolution of the procurement challenges. (3) The development and distribution in Ghana, Mali and Benin of job aids to improve the storage of uterotonic medicines in the health facility pharmacies and delivery rooms. (4) Development of training materials for obstetricians, pharmacists and midwives on the management of uterotonic medicines and supplies SPS activities in FY10 will continue to build on these approaches, tools and achievements.

Activity Title:	Scaling up the use of CCM strategies and Zinc through the ADDO program in Tanzania		
Activity Lead:	Mwansasu, Andwele	Activity #: 2	Task: A040 Subtask: MHWW1001
Activity Description:	In FY10, SPS plans three key sub-activities: • To continue the collaboration with its partners to complete the training of members of CHMT and trainers in two additional districts that are scheduled to rollout ADDO's. • Conduct an evaluation of the management of pneumonia, and the availability and costs of pneumonia medicines in the ADDOs and a review of the referral system for children diagnosed with severe pneumonia. This assessment will complement an evaluation of ADDOs being conducted by the EADSI program that has collected similar data on the management of diarrhea and malaria. • Finalize the adaptation of the ADDO training materials for the continuing medical education program for private pharmacists.		

USG Sub-element: Maternal and Child Health
Budget: \$198,985.00 **Start Date:** Sep 2010 **End Date:** Aug 2011
Products Planned: In December, 2010, MSH/SPS organized and coordinated the training of District trainers in use of Zinc and LO-ORS to children with diarrhea. The training was held in Sikonge for Tabora region, in Hanang for Manyara Region and in Monduli for Arusha region. A total of 123 participants from all the districts of the three regions were trained (Tabora 40, Manyara 41, Arusha 42). The training aimed at creating a pool of trainers at district level who will be able to take part in training ADDO dispensers on use of zinc and COCs in their respective districts during the roll-out of the ADDO program. A final report on the assessment of CCM for children under five through the ADDOs in Tanzania.

Reporting Period: 1 July 2012-30 September 2012
Activity Progress: The final report on the CCM assessment for children under five through Tanzania ADDOs was finalized this quarter.
Next Steps: None.
Activity Title: Technical support for the scale-up of PPH and eclampsia prevention programs in Kenya
Activity Lead: Patel, Sheena **Activity #:** 6 **Task:** A040 **Subtask:** MHWW1006
Activity Description: SPS plans to conduct an assessment of the availability, management and use of the PPH and eclampsia medicines in Kenya. This assessment will complement the quality of services survey that is being done by MCHIP. The results of this assessment will be used to identify specific areas of intervention for future TA for SPS, MCHIP and the MOH.

SPS also plans to quantify the requirements of the medicines and supplies needed for the management of PPH and eclampsia and to use this data to map out the potential gap required for scale-up of the programs.

USG Sub-element: Maternal and Child Health: Treatment of Obstetric Complications and Disabilities
Budget: \$170,316.00 **Start Date:** Nov 2010 **End Date:** Sep 2011
Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012
Activity Progress: This quarter the results were reviewed and discussed with the HCSM team in Kenya. Comments were incorporated into the final report. The report will be finalized at the beginning of next quarter.
Barriers to Progress: The finalization of the report is due to competing priorities which has led to both delays in finalizing the report and receiving clarifications from the field.
Next Steps: None.

Neglected Tropical Diseases

Work plan: NTD **Year** 2010

Funding Level: \$500,000.00

Work plan Background

In February 2010, the Obama Administration unveiled the 2011 United States federal budget and the details of the Global Health Initiative. This included a budget of \$155 million for NTDs- a 138% increase over the previous year. These funds will provide more than 300 million integrated treatments to patients in Africa, Asia and Latin America – Out of the over thirty (30) diseases classified by WHO as NTDs. The US Agency for International Development (USAID) investments in NTD control focuses on seven (7) of these diseases - lymphatic filariasis (elephantiasis), schistosomiasis (snail fever), trachoma (eye infection), onchocerciasis (river blindness), and three (3) soil-transmitted helminthiasis (hookworm, round worm, and whipworm).

Approximately, one billion people -typically rural and marginal populations, who tend to be poor and lack access to safe water, basic health services and essential medicines-, are affected by these diseases. The seven (7) diseases together account for 80% of global NTD burden and can be controlled through preventive chemotherapy, targeted at a group of NTDs and at-risk populations in the same geographic area through Mass Drug Administration (MDA) approaches.

In Africa, USAID supports the control of the seven (7) neglected tropical diseases in a number of countries including, Burkina Faso, Cameroun, DR Congo, Ethiopia, Ghana, Guinea, Mali, Mozambique, Niger, Nigeria, Senegal, Sierra Leone, Southern Sudan, Tanzania, Togo, Uganda; in Asia – Bangladesh, India, Indonesia, Nepal, Philippines, Cambodia, Vietnam, and in Latin America and Caribbean, Haiti.

As part of this support, USAID in 2006 awarded a 5-year Neglected Tropical Disease Control (NTDC) Program to Research Triangle Institute International (RTI) to support national NTD control and elimination programs.

A key success factor for NTD initiatives is the uninterrupted access to good quality medicines to at risk groups. The Global Partnerships for Quality Medical Donations lead by pharmaceutical companies including Glaxo Smith Kline, Merck & Co and Pfizer have been a source of drugs for several country MDA implementations. Information provided by RTI indicates that poor NTD drug management practices have resulted in excess stock, wastage and expiry of drugs in some countries. Quantification of drugs as presented in applications by countries to the NTD donation program have not always reflected in the current drug inventories. For example, Cameroun is reported to have significant stocks of Praziquantel (PZQ) with a potential not be used.

To help address these supply chain imbalances in some NTD countries, USAID has requested the Strengthening Pharmaceutical Systems Project (SPS) to provide technical assistance to support the optimization of the NTD supply chain and where possible support the integration of the NTD activities. The Strengthening Pharmaceutical Systems Project (SPS) would initially support pharmaceutical management activities in four (4) of the USAID NTD activity countries including Mali, Tanzania, Uganda, and Cameroon (as confirmed by USAID NTD team per email of June 2, 2011). This list of countries is preliminary and SOS will be flexible and consult with USAID and implementing partners in the choice of countries in which these activities will be actually conducted.

Activity Title:	Conduct a situation analysis of the NTD supply chain in selected NTD countries.
Activity Lead:	Eghan, Kwesi
Activity #:	1
Task:	A040
Subtask:	NTWW1004

Activity Description: Conduct a situation and an option analysis of the NTD supply chain in four selected NTD countries and make recommendations for changes, improvements or enhancements to address identified gaps. The surveys would be done using methodologies which will include but not be limited to the administration of questionnaires, individual interviews and observations and will appraise the status of national guidelines for managing NTD drug donations; existing drug donations management processes, pre MDA quantification and forecasting procedures and NTD supply chain activities in Mali, Tanzania, Cameroun and Uganda. SPS will leverage MSH country presence in Mali and Uganda to undertake these surveys.

Budget: \$118,676.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Assessment report.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: During the Accra NTD Stakeholders Meeting at the end of June 2012, the SPS NTD team met with representatives of the NTD programs from Cameroon and Uganda to plan a follow-up dissemination workshop on the findings of the NTD drugs management assessment conducted late last year. The representatives from the two countries accepted a proposal to hold a workshop and promised to communicate further with the dates for the workshops. Both countries indicated that they will be preoccupied with the planning and conducting of mass drug administration (MDA) during September and October and the likely dates will be after the MDAs.

Barriers to Progress: None.

Next Steps: Work with MSH offices in the two countries to contact the NTD programs to identify the appropriate dates for the workshops and begin logistics preparations for convening the workshops. The NTD headquarters team will prepare workshop materials and plan the details of the presentation.

Activity Title: Develop Drug Supply Management Module for training of NTD program managers in collaboration with WHO and RTI.

Activity Lead: Eghan, Kwesi **Activity #:** 2 **Task:** A040 **Subtask:** NTWW1007

Activity Description: USAID requested SPS to support in the development of Drug Supply Management session of this training module. This WHO training module is being developed in collaboration with RTI and it is targeted at a regional training for NTD program managers.

Budget: \$45,322.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training module with slides and trainer notes.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The SPS/NTD program followed up with RTI on the progress of finalization of the NTD drug supply management module. SPS has assisted in developing the pharmaceutical chapter of the module. It was learned that the training course modules were presented as part of a pilot WHO NTD Program Manager's course in July in Tanzania and generally were very well received.

Barriers to Progress: None.

Next Steps: With RTI and WHO, SPS/SIAPS will explore introduction of the NTD drugs management module as part of a follow-on capacity building activity in the four countries where SPS conducted the integrated NTD drug management assessment.

Activity Title: Pilot guides in selected countries.

Activity Lead: Eghan, Kwesi **Activity #:** 5 **Task:** A040 **Subtask:** NTWW1006

Activity Description: SPS will provide technical assistance and support the piloting of the developed guides and approaches in select countries.

Budget: \$89,533.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Report on pilot.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: Draft guides for onchocerciasis, trachoma, lymphatic filariasis, schistosomiasis and the three soil transmitted helminthes are being compiled.

Barriers to Progress: None.

Next Steps: Continue working on finalizing drafts.

Activity Title: Review capability of existing donation tracking system, if any, and make recommendations for enhancement or replacement.

Activity Lead: Eghan, Kwesi **Activity #:** 6 **Task:** A040 **Subtask:** NTWW1008

Activity Description: SPS will review capability of existing donation tracking system, if any, and make recommendations for enhancement or replacement as the case may be. SPS will also participate in and share the results of the country assessments at the bi-annual Partnership for Disease Control Initiative for NTD meeting(s).

Budget: \$33,040.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Assessment/survey report.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The comprehensive NTD program information template was shared with HKI/Cameroon.

Barriers to Progress: None.

Next Steps: Follow-up with HKI in Cameroon to find out the progress on the use or adaptation of a comprehensive NTD information documenting template that was developed by SPS during the assessment exercise in Cameroon and shared with HKI. When completed, the template will provide, at a glance, updated information on donation application dates and status, contact persons, procurement/clearance responsibilities, stock status, persons treated, number of target communities, partners, and MDA anniversary dates.

Activity Title: Technical activity coordination.

Activity Lead: Eghan, Kwesi **Activity #:** 8 **Task:** A040 **Subtask:** NTWW10TC

Activity Description: This activity includes coordination of technical activities, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications with partners, and collaborators.

Budget: \$49,851.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: Gabriel Daniel has taken over the responsibility of managing the SPS NTD program. During the reporting period several documents following the four-country assessments and the Accra NTD Stakeholders Meeting were developed and submitted to USAID/NTD. These included the Accra trip report, overarching findings and recommendations of the four-country assessment and a SPS NTD update on progress to date. SPS/NTD has planned to conduct the dissemination workshop and development of an action plan in two of the assessed countries (Cameroon and Uganda) based on meetings with the NTD representatives in Accra. Staff participated in a special event organized by USAID/NTD to recognize success in the fight against NTDs, at Russell Senate Office Building where the USAID Administrator, Senators and other key NTD players were presented. A short write-up on SPS role in NTDs to be included in the events documents was produced. Also a blog was written on the challenges and opportunities around NTD drugs management to appear during the week long blog event. SIAPS was included in the poster of active partners in the fight against NTDs.

Barriers to Progress: None.

Next Steps: Finalize plan for the two-country assessment dissemination workshop and work with MSH country offices in the two countries to assist in logistics and work on the presentations.

REGIONAL PROGRAMS

Regional Development Mission for Asia (RDMA)

Work plan: Rwanda PEPFAR **Year** 2010

Funding Level: \$686,000.00

Work plan Background

In 2003, the U. S. Agency for International Development (USAID)-funded program, Management Sciences for Health (MSH)'s Rational Pharmaceutical Management (RPM) Plus Program was invited to Rwanda to evaluate the capacity and readiness of the pharmaceutical and laboratory systems for scaling up antiretroviral therapy (ART). In 2007, USAID awarded MSH its five-year follow-on to the RPM Plus Program, the Strengthening Pharmaceutical Systems (SPS) Program. The SPS Program's mandate is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality. As a result, RPM Plus and SPS Programs have been working in Rwanda since 2003 under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and now the President's Malaria Initiative (PMI). The mandate of SPS in Rwanda has changed over time. During the first years of implementation, RPM Plus mainly focused on interventions related to quantification, procurement, distribution, and management information systems at the national level (Ministry of Health [MoH] and CAMERWA). The mandate was expanded to include capacity building and supervision related to many different pharmaceutical management areas at the district and facility level. At the beginning of the RPM Plus interventions in 2003, decisions regarding the selection, procurement, distribution, and use of medicines were made either by the national public health programs that handle HIV/AIDS, tuberculosis, and malaria, or left to the medicine suppliers (Centrale d'Achat des Médicaments Essentiels du Rwanda [CAMERWA], Bureau des Formations Médicales Agréées du Rwanda [BUFMAR], or the private sector). The Directorate of Pharmacy at the MoH had very limited involvement in regulating pharmaceutical management in the public sector. Over the last few years, the Directorate of Pharmacy, which became the Pharmacy Task Force (PTF), has increased its role as the authority to regulate pharmaceutical management in both public and private sectors. However, decisions related to medicines are not totally harmonized and coordinated. Long-term impact and sustainability of PEPFAR and PMI interventions require strengthened political and legal frameworks covering all aspects of the pharmaceutical management system, including rational medicines use (RMU), quality assurance, and medicines safety. During fiscal year 2008 (FY 08), PEPFAR supply chain strengthening activities were effectively transferred to the Supply Chain Management System (SCMS) project, while SPS focused its technical assistance on medicine safety at national and peripheral levels, specifically in the areas of pharmacovigilance and RMU. Since 2008, USAID has invested funding through the PEPFAR and PMI initiatives to promote medicines safety and RMU in Rwanda. To date, SPS has received a total of 1,770,000 U.S. dollars (USD) over two years to implement activities aimed at strengthening the country's pharmaceutical system. SPS Rwanda anticipates receiving a total of USD 1,386,000 for FY 10 (combined funding) to provide technical assistance to the pharmaceutical sector.

Activity Title:	Increase the capacity of MoH/PTF to develop the National Pharmacovigilance and Medicines Information Center (NPMIC) and expand PV/ADR notification system at district level
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Activity Lead:	Hitayezu, Felix	Activity #: 1	Task: A040	Subtask: PERW1002
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Activity Description: During FY 10, SPS will continue to build on efforts from FY 08 and FY 09 to implement pharmacovigilance activities in Rwanda through the following activities: (1) Provide IT equipment and software to NPMIC to receive, manage, and archive ADR reports and medicine information requests from hospitals and to train NPMIC staff. (2) Train MoH/PTF and the NPMIC staff to receive, manage, and analyze ADR notification reports, and to respond adequately to medicine information requests. (3) Train the Central Pharmacovigilance Core Group, the Medicine Safety Committee, and the DTC subcommittees on causality assessment of the five main adverse events that can result in liver toxicity, dermatology diseases and ADRs related to ARVs.

Budget: \$109,974.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: ADR reports. UMC training reports.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/SIAPS continued to transfer capacity to the Ministry of Health/PTF as part of the closing of SPS/SIAPS project. SPS/SIAPS worked closely with the MSH Integrated Health System Strengthening Project (IHSSP) and the MoH Clinical Services to finalize the Clinical Protocols/Treatment Guidelines (CPs/TGs). Those CPs/TGs were approved by the MoH. SPS/SIAPS assisted also in the development of strategic document on the approach to be used during clinical protocol and treatment guidelines updates (from the revision to the implementation of the revised CPs/TGs). The strategic document was finalized and shared with MoH.

Barriers to Progress: The training was delayed by the nomination of the National Medicine Safety committee members by the Ministry of Health.

Next Steps: The program has come to a close. This activity was handed over to the Ministry of Health.

Activity Title: Increase the Technical Capacity of the MoH/PTF to Plan, Develop, and Implement Policies and Interventions Necessary to Regulate the Pharmaceutical Sector

Activity Lead: Hitayezu, Felix **Activity #:** 2 **Task:** A040 **Subtask:** PERW1003

Activity Description: During FY 10, SPS will render technical assistance to the MoH/PTF to set up the necessary regulatory structures to create a fully functional National Medicine Regulatory Authority, as an initial step in the process to establish the Rwanda Food and Medicines Authority. SPS will continue to assist MoH/PTF to finalize all policies, laws, and regulations needed for governing the pharmaceutical sector, and to coordinate the development of appropriate organizational structures, financial and human resources organization, guidelines and SOPs in the line with the establishment of the Rwanda Food and Medicines Authority.

Budget: \$94,279.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/SIAPS continued to support the Ministry of Health to improve patient access by working closely with the Ministry of Health/Pharmacy Task Force (MOH/PTF) in

planning for the establishment of the Rwanda Food and Medicine Authority (RFMA). In order to determine the best option for the country regulatory system and structure, an assessment was conducted. As a result of the assessment, a proposed road map for the establishment of the Rwanda Food and Medicine Authority was developed and submitted to the Ministry of Health for approval. The road map shows the proposed structure and functions of the RFMA, the implementation of core regulatory functions and implementation of road map.

During the same reporting period, SIAPS supported the Ministry of Health/Pharmacy Task Force in the evaluation of its action plan 2009-2012 and its development of action plan 2012-2017. In regards to the development of MPPD strategic plan, a functional analysis was carried out and the report is under development.

Barriers to Progress: None.

Next Steps: The project has come to a close. This activity was handed over to the Ministry of Health.

Activity Title:	Increase the NUR's and MoH/PTF's Technical Capacity to Support Integration of RMU, PV, AMR, and Pharmacovigilance Components into Academic Curriculum
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Activity Lead:	Hitayezu, Felix	Activity #: 3	Task: A040	Subtask: PERW1004
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Activity Description:	During FY10, SPS Rwanda will build upon the previous work done in FY 09 and continue to support the NUR in the following ways: (1) Organize a training session for NUR/School of pharmacy lecturers on the new modules. (2) Facilitate and monitor the first training sessions of students by providing NUR with the necessary training materials and equipment. (3) Facilitate and monitor lecturers of the NUR School of Pharmacy to organize and evaluate the clerkship and to develop the internship curricula for final-year students.
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Budget: \$66,295.00	Start Date: Oct 2010	End Date: Sep 2011
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Products Planned:	TOT report. Internship curricula supervision report. Clerkship report.
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Reporting Period:	1 July 2012-30 September 2012
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Activity Progress:	During the reporting period, SIAPS focused on transferring capacity to the Community Health Desk (CHD). In collaboration with CHD, SPS/SIAPS developed a practical manual for community health commodity management. The manual will greatly help the health community logistics in monitoring and evaluation of the procurement plan and in supply chain. The practical manual was submitted to CHD for approval.
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SPS/SIAPS organized a workshop to disseminate findings of the assessment. 31 people participated. As a result of the workshop, recommendations were made and assessment report was finalized.

Barriers to Progress: None.

Next Steps: The project has come to a close. Activity was handed over to the Ministry of Health.

COUNTRY PROGRAMS

Angola

Work plan: Angola HIV/AIDS **Year** 2010

Funding Level: \$280,000.00

Work plan Background

USAID/Angola provided SPS with PEPFAR funding since FY09 and with POP funding starting in FY10 in an effort to provide integrated technical assistance to key MOH programs. SPS funding from these three USAID sources under FY10 will enable SPS to provide TA to the MoH to implement pharmaceutical management interventions to improve the supply chain management of essential medicines and commodities across key MoH programs, including PNCM, INLS, National Tuberculosis Program (NTP), and Family Planning/Reproductive Health (FP/RH) Program. This is in line with the Global Health Initiative, USAID/Angola and MoH DNME/PNME integrated health systems strengthening goal and approach. With FY10 funding, SPS will build upon and will continue implementing all last year's activities to achieve higher targets. Meanwhile the program will expand and initiate new activities to improve HIV/AIDS supply chain management, assess laboratory supply chain systems and to promote rational use of medicines. The training and capacity-building activity will be adapted to not only impart knowledge, but to also apply the Monitoring-Training-Planning (MTP) approach that ensures the translation of such knowledge into improved practices. The program will support the implementation of strategic monitoring tools such as the End Use Verification (EUV), the Procurement Planning, Monitoring and Reporting for malaria (PPMRm), the Coordinated Procurement Planning for HIV/AIDS, and the Pharmaceutical Management System Strengthening (PMSS) tool. Data collected through these tools will be disseminated to inform decision-making by the MOH, USAID and other relevant local partners to close any gaps in procurement and/or in supply chain management systems for essential public health commodities. Assessment activities planned for this year will be instrumental in identifying gaps and in the development of appropriate future interventions aimed at improving availability and use of laboratory supplies.

Activity Title:	Technical activity coordination and monitoring.		
Activity Lead:	Goredema, Wonder	Activity #: 1	Task: A040 Subtask: HIAO10TC
Activity Description:	This activity includes technical activity coordination, work plan development, budget monitoring, progress monitoring, reporting, meetings, and communications among local and US-based SPS staff, USAID/Angola Mission, MoH representatives and local partners and collaborators. Key expenses include: weekly and ad hoc communication with the Country Program Manager and administration staff at SPS HQ, country visits by the Country Program Manager, biweekly office technical activity coordination meetings, quarterly and annual progress reports, and participation in SPS global meeting by one SPA		
Budget: \$12,200.00	Start Date: Oct 2010	End Date: Sep 2011	
Products Planned:	None.		

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/Angola collaborated with DNME/PNME to finalize the integrated supervision tool and the integrated supervision report. Staff participated in malaria technical meetings, conducted an orientation with PV staff (how to mentor the health personnel in the health centers for PV), identified a focal person for PV, and assisted in the formation of the PV committee at the provincial and municipal levels.

Barriers to Progress: The integrated supervision tool that was submitted to DNME some months back has not been approved by the Minister of Health, which must happen before being implemented.

Next Steps: Follow-up with DNME to seek approval of the integrated supervision tool. Conduct supervision using the new tool, once approved.

Activity Title: Support the MoH to conduct capacity-building trainings

Activity Lead: Goredema, **Activity #:** 3 **Task:** A040 **Subtask:** HIAO1003
Wonder

Activity Description: Remaining FY09 and FY10 PMI, HIV/AIDS and POP funds will contribute to the printing of forms, and the scale up of pharmaceutical management trainings and supportive supervision. SPS will print and disseminate stock cards as a priority, as well as prescription registers and prescription pads later.

USG Sub-element: HIV/AIDS

Budget: \$10,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/ Angola conducted a 2-day workshop on supply chain management. The workshop was attended by 68 Provincial Warehouse Managers and Provincial Malaria and Essential Medicines Supervisors, including PMI partners and MOH program representatives. Each province prepared its "plan of action" for the coming 6 month period. The draft of the workshop report is in progress.

Barriers to Progress: Delay in organizing the workshop at the MOH.

Next Steps: Follow-up on the implementation of individual plans of action and organize the next Supply Chain Management workshop (December 2012).

Activity Title: Implement the End Use Verification (EUV) tool

Activity Lead: Goredema, **Activity #:** 5 **Task:** A040 **Subtask:** HIAO1005
Wonder

Activity Description: Remaining FY09 PMI funds will be used to finalize translation and customization of the EUV tool and EpiSurveyor application to local language and context and pilot the customized Portuguese tools during the first quarter of FY10. The paper tool and electronic EpiSurveyor questionnaires will be revised and updated based on the recommendations of the pilot. SPS will then provide ongoing technical assistance to the MoH to collect and share EUV data on availability of key public health

commodities (malaria, HIV/AIDS, FP/RH, and TB) with local stakeholders at least twice a year. Updates on red flags, such as stock-outs at health facilities, are sent out to local counterparts immediately following data collection and analysis, so they can take immediate action to address the issues. Use and programmatic impact of the tool will be monitored in coordination with local counterparts. SPS will continue to collaborate with the MoH and relevant partners in applying appropriate tools to collect and disseminate data on availability, use, supply chain logistics and pharmaceutical management for public health commodities, and to take appropriate action based on the findings. EUV surveys will be conducted at 3-4 times per year and the reports disseminated to PMI and local stakeholders. This activity will be funded with FY09 PMI funds and FY10 PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS

Budget: \$24,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The EUV survey was not implemented in August as planned, due to delays in receiving funding for the activity.

Barriers to Progress: Delays in receiving funds for the activity.

Next Steps: Organize the EUV survey in 10 provinces (October 2012).

Activity Title: Implement additional monitoring tools

Activity Lead: Goredema, **Activity #:** 6 **Task:** A040 **Subtask:** HIAO1006
Wonder

Activity Description: In addition to the EUV tool, SPS will collaborate with the MoH and relevant partners to implement additional appropriate tools to collect and disseminate data on availability and use of public health commodities, and general status of the pharmaceutical supply chain system and take appropriate action based on the findings. Quarterly PPMRm reports will be compiled in collaboration with the Malaria Program and submitted via SPS HQ to USAID/DELIVER for analysis and consolidation into one quarterly PPMRm report for PMI. The report will be disseminated back to local counterparts in Angola (MoH and USAID/PMI) and relevant malaria stakeholders. Red flags and critical recommended actions are also highlighted where appropriate. This information enables informed decision-making on procurement and redistribution of supplies, and better coordination among the MOH and partners involved in procurement and supply chain management of malaria commodities. The Pharmaceutical Management Systems Strengthening tool will be completed in coordination with the MoH DNME/Essential Medicines Program and NMCP and submitted to PMI before the annual Malaria Operational Planning team visit to Angola. The PMSS tool assesses the prevailing status of the country's pharmaceutical management systems with respect to policy, law and regulation, quantification and procurement, storage, inventory management and transportation, prescribing and dispensing practices, and financing. The results, along with results of other PMI tools, inform programming decisions during development of the annual Malaria Operational

Plan (MOP). All results will also be disseminated and updates on any pertinent findings and recommendations discussed with counterparts and partners as part of general coordination with pharmaceutical management stakeholders at the central-level. Stock-outs and or any urgent red flags will be brought to the attention of relevant authorities immediately as they are identified, in order to facilitate speedy action. This activity will be funded with FY10 PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS

Budget: \$5,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: The PPMRm report for the third quarter was compiled for submission, CPP Q3 report submitted, ACT, RDT, LLINs gap analysis done, and ACT and RDT need estimates for the Q3 report submitted.

Barriers to Progress: Delays due to the consolidation of data from NMCP field reports (beyond SPS control).

Next Steps: Improve timeliness of data reporting from the field by supporting NMCP.

Activity Title: Assess medicines use and safety

Activity Lead: Goredema, **Activity #:** 8 **Task:** A040 **Subtask:** HIAO1008
Wonder

Activity Description: Medicines use is an important element of pharmaceutical management. Irrational medicines use appears to be a problem but there is inadequate data to inform the development of appropriate interventions. This year SPS will conduct an assessment of medicines use and pharmacovigilance in public health facilities. The study will complement what we already know about availability and pharmaceutical management of HIV/AIDS and other essential medicines from the results of periodic monitoring surveys such as the quarterly EUV survey, and the assessment of HIV/AIDS commodity supply chain system that was done in FY09. It will help determine the changes in medicines use since the MOH/WHO study of 2007, and to identify gaps and recommend appropriate interventions. A meeting will be held with stakeholders to present the results of the assessment and obtain stakeholders' feedback, and consensus on priority medicines use interventions that could be implemented to address the identified gaps in the future. SPS will also support one MOH representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM). SPS will provide funding to support one DNME/Essential Medicines Program representative and one SPS technical staff to attend the 2011 International Conference on Improving Use of Medicines (ICIUM) conference and share and learn from the experiences of numerous policy makers, program managers, researchers, clinicians, and other experts on improving medicines use from around the world that will attend the conference. They will come back and combine and apply the knowledge, experiences and tools acquired from the ICIUM conference, and the findings of the medicines use and safety assessment to develop and implement appropriate interventions to improve the use of

medicines in Angola. This activity will be funded with FY10, PMI, PEPFAR and POP funds.

USG Sub-element: HIV/AIDS

Budget: \$51,000.00 **Start Date:** Sep 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/Angola supported the DNME/MOH to conduct a 3-day PV Awareness training at Lubango Central Hospital and 8 selected municipal hospitals in Huila Province. The PV Awareness training was aimed at teaching and increasing awareness of pharmacovigilance practices in the health facilities at all levels in Huila Province and for participants to learn on how to report ADRs and identify low quality or expired medicines. Pharmacovigilance (PV) Committees at provincial and municipal hospitals were established and PV Focal Points were nominated to identify ADRs and low quality medicines to the MOH/DNME/PV Department. During the MTP section, groups of 5 were formed to identify problems and timely solutions were developed accordingly in their respective POA.

Barriers to Progress: Delay in finalizing the PV report by DNME.

Next Steps: Organize the same PV awareness training in Uige province.

Activity Title: Improve distribution and management of HIV/AIDS condoms and test kits

Activity Lead: Goredema, **Activity #:** 7 **Task:** A040 **Subtask:** HIAO1007
Wonder

Activity Description: Specific sub-activities will include: (1) Work with USAID/Angola, NEOPHARMA to ensure condoms and HIV/AIDS test kits are received and stored well at the NEOPHARMA transit warehouse at the national-level. Follow-up and provide TA to NEOPHARMA, INLS and USAID IPs to ensure condoms and test kits are distributed well and expeditiously to the partners, following the USAID distribution plan. (2) Provide TA to the INLS to prepare appropriate distribution plans for the condoms and test kits. (3) Follow-up and provide TA to the INLS to ensure the supplies are distributed expeditiously from NEOPHARMA warehouse to provincial warehouses, following the distribution plans. (4) Provide TA and funding support to the INLS to conduct follow-up monitoring visits to sampled provinces and facilities to ensure target facilities have received the assigned quantities of condoms and test kits. Monitoring will also include developing and implementing an appropriate tool to track availability and facilitate redistribution of supplies among health facilities. Monitoring will also be done as part of ongoing supportive supervision by MoH provincial and national supervisors, supported by SPS. SPS will encourage the MoH to have consignees sign and send consignment notes ('guia de remessa') back to INLS/NEOPHARMA to confirm receipt of supplies. (5) Support the MoH to hold regular national pharmaceutical supply chain coordination meetings at the central-level. (6) Work with HIV/AIDS and RH/FP program representatives and the Pathfinder Logistics Adviser to the MoH to revise and edit the training materials and co-facilitate the ongoing essential medicines management trainings, as needed, to

address specific matters related to managing condoms and other program commodities. (7) Supervise management of condoms and related program commodities as part of on-going integrated supervision. All activities will be implemented in close coordination with the Pathfinder Logistics Advisor.

USG Sub-element: HIV/AIDS

Budget: \$58,000.00 **Start Date:** Oct 2010 **End Date:** Oct 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/Angola participated in discussions with INLS, USAID and SASH to define the methodology to be used during the distribution of HIV/AIDS among partners (FAA, CEC, and INLS). INLS is leading the distribution of HIV/AIDS condom.

Barriers to Progress: None.

Next Steps: Involve INLS in the conduct of the integrated supervision where the Condom Check List is part of the tool. Participate in the next HIV/AIDS condom meeting with INLS, donors, and program partners.

Activity Title: Office management

Activity Lead: Goredema, **Activity #:** 10 **Task:** A040 **Subtask:** HIAO10OM
Wonder

Activity Description: This activity involves administrative tasks to facilitate office operations and field logistics. The office management budget includes expenses related to applying for MSH registration in Angola, hiring and orienting new staff and setting up office requirements in Luanda, day-to-day local operational costs: office spaces, utilities and maintenance, office equipment and supplies, phone and internet costs, Portuguese language learning materials, vehicle rental and fuel, bank fees and other related costs. This activity will be implemented with FY10 PMI, PEPFAR and POP funds. In the future, when MSH is fully registered, additional funding will be needed to sustain a budget for operating and managing an office outside the Essential Medicines Program premises in Luanda. Significant additional expenses will include office rental and insurance, and the cost of procuring and running a project vehicle.

USG Sub-element: HIV/AIDS

Budget: \$13,000.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: None.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: A colleague from HQ came to assist SPS/Angola in setting-up the new office and in advertisement and hiring of technical and program staff.

Barriers to Progress: Operationalization of the program bank account.

Next Steps: Relocate to the new office.

Brazil

Work plan: Brazil TB **Year** 2010

Funding Level: \$750,000.00

Work plan Background

Currently, the HIV/AIDS pandemic represents the most important challenge for tuberculosis (TB) control around the world. TB is also the main cause of morbidity and the leading cause of mortality in people living with HIV or AIDS (PLWHA). In developing countries TB continues to be the infectious disease that kills more youth and adult men. Brazil continues to be ranked as one of the 22 highest TB-burdened countries in the world. In the recently updated World Health Organization (WHO) TB Report, 89,210 new cases of TB are estimated annually and there have been 7,284 TB patient deaths. Brazil adopted the Directly Observed Treatment Short-Course (DOTS) strategy in 1999, and in 2009, 80% of government health primary care facilities were offering DOTS. Although considerable progress has been achieved over the last several years and innovative strategies have been introduced for better TB control, Brazil is still below United Nations Millennium Development Goal targets for TB control. Brazil has a concentrated HIV/AIDS epidemic, according to WHO criteria, with prevalence rates of HIV infection of 0.6% for the 15 to 49 age range. In 2005 and 2006, 35,965 and 32,628 cases of the TB were reported, respectively, representing an incidence rate of 19.5 AIDS cases/100,000 inhabitants. From 1980 to 2007, 474,273 AIDS cases were reported in the country (289,074 in the Southeast, 89,250 in the South, 53,089 in the Northeast, 26,757 in the Midwest and 16,103 in the Northern regions). Around 600,000 PLWHA in Brazil and about 200,000 are receiving antiretroviral therapy (ART). The lethality of the TB/HIV co-infection context is 30%. A Brazilian cohort of PLWHA who had access to HIV diagnosis during 1998-1999 demonstrated a survival rate of 108 months. Among the factors negatively associated with survival rate was TB. The AIDS incidence rate in Brazil is increasing in all regions, mainly in the South Region, where the incidence rate increased from 5.8 in 1997 to 14.1 in 2007, the largest increase in Brazil. The South Region also showed the highest increase in the mortality rate caused by AIDS in years. Additionally, Porto Alegre, the city with the biggest population in Rio Grande do Sul State, presents the highest TB mortality rate in Brazil. A recent cohort study showed the importance of TB as cause of early mortality in PLWHA, after the first year of antiretroviral use. In this context, the South Region represents the priority region for implementing interventions to control the AIDS epidemic in Brazil. The current Ministry of Health's (MoH) guidelines on TB/HIV co-infection are based on scientific evidences (a retrospective cohort in Rio de Janeiro showed a reduction risk to development of TB in PLWHA in 76% with antiretroviral treatment and isoniazid chemoprophylaxis; the annual risk of contracting tuberculosis in PLWHA with a positive Tuberculin Skin Test (TST) is 3 to 10%) and currently recommend: (1) a preventive therapy for PLWHA with TST (5 mm, or contact with a TB case, or with radiological findings suggestive of TB infection). (2) An ART in the first 30 days after beginning TB treatment, once late ART is associated with increased mortality rate. However, these guidelines for TB/HIV co-infection are not yet widely followed and applied within the health system and are still facing many challenges in their implementation process. Additionally, MoH strategy proposes AIDS health care units (SAE) as reference services to treat PLWHA co-infected with TB. However, TST, Isoniazid chemoprophylaxis for latent tuberculosis infection (LTBI) treatment, and first line drugs for TB are not yet available in all SAEs. Moreover, the TB diagnosis in PLWHA is not always available in SAE, particularly on the invasive procedures and imaging exams. In addition to this unfavorable scenario, challenges like social inequalities, lack of diagnostic resources, and a limited availability of drugs for both diseases therapy courses simultaneously need to be tackled. The participation of the civil society in facing HIV/AIDS is considered internationally one of the strengths of the Brazilian response to the epidemic. However, for TB/HIV co-infection, these actions are still

very modest and need to be strengthened. There is no specific surveillance system in place and routine data on treatment and monitoring of TB/HIV co-infection are needed to know the trends of co-infection epidemic and for better strategic decision making to improve TB/HIV care. In order to face these challenges, the following work plan was developed by the National TB/AIDS Program in partnerships with the National Tuberculosis Control Program (NTP). The MSH/SPS Brazil office was requested by USAID to act as the implementing partner to facilitate and co-ordinate with all partners this work plan execution, building on its previous experience in collaborating with NTP for TB and Drug Resistant Tuberculosis (DR-TB) control since 2004.

Activity Title:	Technical activity coordination and monitoring
Activity Lead:	Keravec, Joel Activity #: 19 Task: A040 Subtask: XXBR10TC
Activity Description:	This activity includes technical activity coordination by a key consultant in liaison with SPS office and the TB/HIV Steering Committee, work plan development, budget monitoring, progress monitoring, reporting, meetings of the TB/HIV Steering Committee, communications with partners and collaborators, and in site supervisory visits. The TB/HIV Steering Committee will be in charge of strategic and technical guidance, with regular monitoring of results and progress in liaison with MSH/SPS to ensure this work plan completion and activities execution.
Budget: \$105,000.00	Start Date: Oct 2010 End Date: Sep 2011
Products Planned:	Meetings minutes and TB/HIV Steering Committee reports.
Reporting Period:	1 July 2012-30 September 2012
Activity Progress:	During the last quarter, distribution of severance fees for all employees that worked under SPS was carried-out.
Barriers to Progress:	None.
Next Steps:	None. The SPS portfolio is closing in Brazil.

Madagascar

Work plan: Madagascar PMI **Year** 2008

Funding Level: \$380,924.00

Work plan Background

RPM Plus and SPS have been providing TA to the MoH in Madagascar since 2005 in a number of activities such as the quantification of antimalarials under the Roll Back Malaria initiative, as well as support to the national malaria control program to finalize selection for first-line treatment of malaria and support to the drug regulatory authority to establish a national pharmacovigilance (PV) system and train staff on PV. RPM Plus also conducted an assessment on the use of zinc for treatment of diarrhea in children. With the announcement of Madagascar as one of the countries that will benefit from the PMI, RPM Plus also participated in the needs' assessment conducted with other organizations to assist the USG and the MoH in identifying lines of action to improve prevention, diagnosis, and treatment of malaria.

Activity Title:	Capacity building on pharmaceutical management of malaria commodities for PMI supported projects and NOGs
Activity Lead:	Diarra, Suzanne Activity #: 5 Task: LF MG08PMI Subtask: PMMG0805
Activity Description:	Based on the immediate and short-term objectives agreed upon in the action plan, SPS will provide NGOS/FBOs with a pharmaceutical management training to strengthen their capacity in rational medicine use and quality assurance of malaria commodities. SPS will also provide an orientation on the End-Use Verification (EUV) tool to build capacity of NGOS/FBOS in monitoring of the availability and use of malaria commodities in their services delivery facilities.
USG Sub-element:	Malaria: Treatment with Artemisinin-Based Combination Therapies
Budget: \$190.00	Start Date: Oct 2011 End Date: Sep 2012
Products Planned:	None.
Reporting Period:	1 July 2012-30 September 2012
Activity Progress:	The trip report from SPS' training visit to Madagascar in late May was finalized and formally submitted to the Mission in early July. Because of cost-savings stemming from partners' support for the training activity, the remaining pipeline was sufficient to consider additional activities. SPS had multiple conversations with DELIVER/Madagascar and the Mission regarding the possibility of using these funds to support end-use verification implementation in selected sites. Translation of the quantification for malaria medicines and supplies into French continued over this quarter. The translation will be shared with partners in Madagascar once completed.
Barriers to Progress:	DELIVER decided that they were not able to support end-use verification at this time. The activity was therefore cancelled.
Next Steps:	Finalize quantification manual and send copies to Madagascar once available.

Rwanda

Work plan: Rwanda PEPFAR **Year** 2010

Funding Level: \$686,000.00

Work plan Background

In 2003, the U. S. Agency for International Development (USAID)-funded program, Management Sciences for Health (MSH)'s Rational Pharmaceutical Management (RPM) Plus Program was invited to Rwanda to evaluate the capacity and readiness of the pharmaceutical and laboratory systems for scaling up antiretroviral therapy (ART). In 2007, USAID awarded MSH its five-year follow-on to the RPM Plus Program, the Strengthening Pharmaceutical Systems (SPS) Program. The SPS Program's mandate is to build capacity within developing countries to effectively manage pharmaceutical systems, successfully implement USAID priority services, and ultimately save lives and protect the public's health by improving access to and use of medicines of assured quality. As a result, RPM Plus and SPS Programs have been working in Rwanda since 2003 under the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and now the President's Malaria Initiative (PMI). The mandate of SPS in Rwanda has changed over time. During the first years of implementation, RPM Plus mainly focused on interventions related to quantification, procurement, distribution, and management information systems at the national level (Ministry of Health [MoH] and CAMERWA). The mandate was expanded to include capacity building and supervision related to many different pharmaceutical management areas at the district and facility level. At the beginning of the RPM Plus interventions in 2003, decisions regarding the selection, procurement, distribution, and use of medicines were made either by the national public health programs that handle HIV/AIDS, tuberculosis, and malaria, or left to the medicine suppliers (Centrale d'Achat des Médicaments Essentiels du Rwanda [CAMERWA], Bureau des Formations Médicales Agréées du Rwanda [BUFMAR], or the private sector). The Directorate of Pharmacy at the MoH had very limited involvement in regulating pharmaceutical management in the public sector. Over the last few years, the Directorate of Pharmacy, which became the Pharmacy Task Force (PTF), has increased its role as the authority to regulate pharmaceutical management in both public and private sectors. However, decisions related to medicines are not totally harmonized and coordinated. Long-term impact and sustainability of PEPFAR and PMI interventions require strengthened political and legal frameworks covering all aspects of the pharmaceutical management system, including rational medicines use (RMU), quality assurance, and medicines safety. During fiscal year 2008 (FY 08), PEPFAR supply chain strengthening activities were effectively transferred to the Supply Chain Management System (SCMS) project, while SPS focused its technical assistance on medicine safety at national and peripheral levels, specifically in the areas of pharmacovigilance and RMU. Since 2008, USAID has invested funding through the PEPFAR and PMI initiatives to promote medicines safety and RMU in Rwanda. To date, SPS has received a total of 1,770,000 U.S. dollars (USD) over two years to implement activities aimed at strengthening the country's pharmaceutical system. SPS Rwanda anticipates receiving a total of USD 1,386,000 for FY 10 (combined funding) to provide technical assistance to the pharmaceutical sector.

Activity Title:	Increase the capacity of MoH/PTF to develop the National Pharmacovigilance and Medicines Information Center (NPMIC) and expand PV/ADR notification system at district level
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Activity Lead:	Hitayezu, Felix	Activity #: 1	Task: A040	Subtask: PERW1002
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Activity Description:	During FY 10, SPS will continue to build on efforts from FY 08 and FY 09 to implement pharmacovigilance activities in Rwanda through the following activities: (1) Provide IT equipment and software to NPMIC to receive, manage, and archive
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ADR reports and medicine information requests from hospitals and to train NPMIC staff. (2) Train MoH/PTF and the NPMIC staff to receive, manage, and analyze ADR notification reports, and to respond adequately to medicine information requests. (3) Train the Central Pharmacovigilance Core Group, the Medicine Safety Committee, and the DTC subcommittees on causality assessment of the five main adverse events that can result in liver toxicity, dermatology diseases and ADRs related to ARVs.

Budget: \$109,974.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Training reports.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/SIAPS continued to transfer capacity to the Ministry of Health/PTF as part of the closing of SPS/SIAPS project. SPS/SIAPS worked closely with the MSH Integrated Health System Strengthening Project (IHSSP) and the MoH Clinical Services to finalize the Clinical Protocols/Treatment Guidelines (CPs/TGs). Those CPs/TGs were approved by the MoH. SPS/SIAPS assisted also in the development of strategic document on the approach to be used during clinical protocol and treatment guidelines updates (from the revision to the implementation of the revised CPs/TGs). The strategic document was finalized and shared with MoH.

Barriers to Progress The training was delayed by the nomination of the National Medicine Safety committee members by the Ministry of Health.

Next Steps: The program has come to a close. This activity was handed over to the Ministry of Health.

Activity Title: Increase the Technical Capacity of the MoH/PTF to Plan, Develop, and Implement Policies and Interventions Necessary to Regulate the Pharmaceutical Sector

Activity Lead: Hitayezu, Felix **Activity #:** 2 **Task:** A040 **Subtask:** PERW1003

Activity Description: During FY 10, SPS will render technical assistance to the MoH/PTF to set up the necessary regulatory structures to create a fully functional National Medicine Regulatory Authority, as an initial step in the process to establish the Rwanda Food and Medicines Authority. SPS will continue to assist MoH/PTF to finalize all policies, laws, and regulations needed for governing the pharmaceutical sector, and to coordinate the development of appropriate organizational structures, financial and human resources organization, guidelines and SOPs in the line with the establishment of the Rwanda Food and Medicines Authority.

Budget: \$94,279.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: Document defining vision, mission, core values of PTF Tools and software for registration, inspection laws, policies, SOPs, pricing policy. Accreditation scheme, list of criteria for licensing and inspection of pharmacy establishment, modules for continuing education.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: SPS/SIAPS continued to support the Ministry of Health to improve patient access by working closely with the Ministry of Health/Pharmacy Task Force (MOH/PTF) in

planning for the establishment of the Rwanda Food and Medicine Authority (RFMA). In order to determine the best option for the country regulatory system and structure, an assessment was conducted. As a result of the assessment, a proposed road map for the establishment of the Rwanda Food and Medicine Authority was developed and submitted to the Ministry of Health for approval. The road map shows the proposed structure and functions of the RFMA, the implementation of core regulatory functions and implementation of road map.

During the same reporting period, SIAPS supported the Ministry of Health/Pharmacy Task Force in the evaluation of its action plan 2009-2012 and its development of action plan 2012-2017. In regards to the development of MPPD strategic plan, a functional analysis was carried out and the report is under development.

Barriers to Progress None.

Next Steps: The project has come to a close. This activity was handed over to the Ministry of Health.

Activity Title: Increase the NUR's and MoH/PTF's Technical Capacity to Support Integration of RMU, PV, AMR, and Pharmacovigilance Components into Academic Curriculum

Activity Lead: Hitayezu, Felix **Activity #:** 3 **Task:** A040 **Subtask:** PERW1004

Activity Description: During FY10, SPS Rwanda will build upon the previous work done in FY 09 and continue to support the NUR in the following ways: (1) Organize a training session for NUR/School of pharmacy lecturers on the new modules. (2) Facilitate and monitor the first training sessions of students by providing NUR with the necessary training materials and equipment. (3) Facilitate and monitor lecturers of the NUR School of Pharmacy to organize and evaluate the clerkship and to develop the internship curricula for final-year students.

Budget: \$66,295.00 **Start Date:** Oct 2010 **End Date:** Sep 2011

Products Planned: TOT report. Internship curricula. Supervision report.

Reporting Period: 1 July 2012-30 September 2012

Activity Progress: During the reporting period, SIAPS focused on transferring capacity to the Community Health Desk (CHD). In collaboration with CHD, SPS/SIAPS developed a practical manual for community health commodity management. The manual will greatly help the health community logistics in monitoring and evaluation of the procurement plan and in supply chain. The practical manual was submitted to CHD for approval. SPS/SIAPS organized a workshop to disseminate findings of the assessment. 31 people participated. As a result of the workshop, recommendations were made and assessment report was finalized.

Barriers to Progress None.

Next Steps: The project has come to a close. Activity was handed over to the Ministry of Health.
